

## **Chapter IX - DRUG ENDANGERED CHILDREN**

### **I. Introduction**

North Carolina continues to be confronted with methamphetamine (sometimes shortened as “meth”) problems that are unmatched by other illegal drugs in the past. Recognizing that there are other drugs that are produced in laboratories, due to the extreme volatility and dangers, methamphetamine production poses to North Carolina communities, this policy section focuses on methamphetamine laboratories. Methamphetamine is a synthetic narcotic that is inexpensive and easy to make with ingredients that are relatively easy to obtain (although on January 15, 2006, the North Carolina General Assembly passed one of the toughest laws in the country restricting the sales of cold medicines that contain pseudoephedrine, a primary precursor ingredient in methamphetamine production). The chemicals, production process and the waste generated by the production of methamphetamine in laboratories pose very serious dangers to public safety and to the environment. Some of these dangers include toxic poisoning, chemical and thermal burns, fires and explosions. During the production of methamphetamine (known as “cooking” or “the cook”) one pound of methamphetamine can generally yield five to seven pounds of toxic waste with this waste being introduced into the environment by burning or dumping.

These laboratories continue to pose very real dangers to the communities in which they are located. The majority of methamphetamine laboratories discovered have been located in the western part of the state. However, since 2001 there has been a gradual progression in the number of discovered laboratories eastward across the state. In 1999, there were only nine confirmed methamphetamine laboratories in North Carolina. That number rose to 16 in 2000 (a 78% increase), 34 in 2001 (a 113% increase from the previous year), 98 in 2002 (a 188% increase from the previous year) and 177 in 2003. That is a 1,867% increase in the number of laboratories discovered within a four-year period and clearly underscores the increase of public awareness in the dangers of methamphetamine production in North Carolina. During the 1999–2003 timeframe, as the number of confirmed laboratories continued to grow, North Carolina also witnessed an increase in the size of the laboratories that were raided. “Super labs” are laboratories that produce ten or more pounds of methamphetamine at a time.<sup>1</sup>

Nationally, children have been found in approximately 25-30% percent of raided laboratories. The children who live in and around methamphetamine laboratories have a high risk of harm due to their developmental nature, the abuse and neglect that their parents/caretakers and others who frequent the home inflict on them and their inability to protect themselves. The children in these homes are also exposed to serious toxicities and dangers that could have long-term effects on their health and development. The long-term effects of child exposure to methamphetamine production continues to be an area of intense study.

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<sup>1</sup> North Carolina State Bureau of Investigation

Representatives from several county and state agencies came together as a work group to address the issues of methamphetamine laboratories and safety for the children and the professionals that respond to these sites. The North Carolina Division of Social Services has taken the lead in writing policy and protocol with the help of this work group. Due to the safety risks to children, county child welfare agency staff responding to these situations, and the communities in which these laboratories are located, it is imperative that guidelines and procedures for responding to methamphetamine laboratories are in place. It is also very important that everyone have clear role definitions in regards to responding to a methamphetamine laboratory site that involves children. The North Carolina General Assembly appropriated funding for policy development and training for county child welfare workers. Because of the seriousness of the situation, the 2003 legislative session, the General Assembly passed House Bill 1510 and House Bill 1536 that imposes stiffer penalties for possession of precursor substances and manufacturing methamphetamine in the presence of a person under the age of 18.

## II. Purpose

Responding to a suspected methamphetamine laboratory where children are involved requires a coordinated approach involving a multidisciplinary team to ensure everyone's safety. Those who make methamphetamine most often use methamphetamine, making them prone to aggression, extreme paranoia, visual and tactile hallucinations, depression, irritability, and "crashes." These side effects make the user's behavior unpredictable. Methamphetamine is a powerful stimulant and produces physiological changes similar to the "fight or flight response" and, thus, can trigger violent tendencies in the users. Methamphetamine users have been known to use weapons, explosives, traps and surveillance equipment to protect and keep their operations secret.

The purpose of a multidisciplinary protocol is to provide local professionals with specific procedures for response to situations where there are drug-endangered children because of methamphetamine laboratories or other drug production, trafficking and abuse. The Division strongly recommends that Memoranda of Agreement or Memoranda of Understanding among these local multidisciplinary teams be developed, reviewed and updated regularly (i.e., annually) to formalize roles and relationships at the local level.

Implementing a Drug Endangered Children (DEC) protocol that has been developed with local community requirements ensures that children who may be at risk for exposure to methamphetamine production and the risks inherently found in methamphetamine laboratories receive protection, advocacy and support. This protocol also ensures that law enforcement investigations provide the best opportunity for prosecution, while ensuring the safety of local professionals (social workers, first responders, etc.).

This policy is designed to outline the process for county child welfare agency responses to methamphetamine laboratories when children are involved, as well as provide guidance around developing the local multidisciplinary protocol. While the dangerous nature of responding to methamphetamine laboratories requires some very different responses by county child welfare agencies (responses that may seem contrary to the usual practices in child welfare), many of the usual policies and procedures that apply across child welfare will remain the same. In the following policy, special attention will focus on the unusual

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requirements in responding to methamphetamine laboratories, while referring back to the existing child welfare policy when appropriate.

**III. Intake**

**A. Report from Law Enforcement**

If a county child welfare agency receives a Child Protective Services (CPS) report from law enforcement of children living in or present where the methamphetamine laboratory was located or were otherwise endangered by exposure to the drug, its ingredients, its by-products or waste, the basic identifying information and household composition shall be documented.

County child welfare staff shall follow instructions outlined in: Family Services Manual Volume 1; Section 1407 – Structured Intake for screening criteria when there are additional allegations. A two-level review is required for all CPS reports.

If the referral comes from law enforcement, it should be considered a confirmed methamphetamine laboratory. It would be exceptionally rare that a referral with these allegations would not be accepted for CPS Assessment. A decision not to assess children exposed to a confirmed methamphetamine laboratory would require significant justification and adequate documentation of that decision.

The CPS Intake worker shall also gather other specific information from law enforcement relating to methamphetamine laboratories to include, but not limited to:

- What time is the raid planned?
- Where are the children now? At the time of the planned raid?
- Is there a briefing meeting planned? If so, when and where?
- Has the first responders' team been contacted?
- Has there been prior law enforcement involvement with this family?

County child welfare agencies should be aware that their local law enforcement may be in contact with other appropriate law enforcement agencies including the Drug Enforcement Agency (DEA) certified officer and/or the State Bureau of Investigations (SBI).

If the report only alleges exposure to a methamphetamine laboratory and there are no other allegations, the report should be screened in as Injurious Environment.

All reports of children being exposed to suspected or confirmed methamphetamine laboratories will be accepted as an Investigative Assessment.

Referrals alleging only parent or caretaker methamphetamine use may be accepted as a Family Assessment.

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**B. Report from Non-Law Enforcement Individuals**

If someone other than law enforcement reports to a county child welfare agency, children living in or present where the methamphetamine laboratory was located or were otherwise endangered by exposure to the drug, its ingredients, and its by-products or waste, the basic identifying information and household composition shall be documented. Again, county child welfare agencies shall follow instructions outlined in Family Services Manual Volume 1; Section 1407 – Structured Intake for screening criteria. A two-level review is required for all CPS referrals. The CPS Intake worker shall also gather other specific information relating to methamphetamine laboratories to include, but not limited to:

- Specific description of condition of the house – fires? Safety hazards?
- Proximity of the lab to the home? In the home? In a shed in the back yard?
- Are the children present when the drug is being cooked?
- High degree of adult traffic at the home?
- Drug paraphernalia? Chemicals? (Please refer to this Precursor List)
- Surveillance equipment?
- Description of adult substance abuser behavior such as paranoia, abnormal patterns, aggression, “tweaking”, or hallucinations. (Please refer to this Glossary of Methamphetamine Related Terms)
- Have the police ever been to the home?
- Where are the children at time of report?

Regardless of the screening decision, the county child welfare agency shall make an immediate oral and subsequent written report of that information. These reports are to be made to the district attorney or the district attorney's designee and to the appropriate local law enforcement agency. The subsequent written reports to district attorney's office and the local law enforcement agency must be sent within 48 hours after receipt of the information as outlined in Family Services Manual Volume 1; Chapter VIII; Section 1408 – Investigative and Family Assessments .

When deciding whether the report is accepted for abuse, neglect, and/or dependency, there are several things to consider.

- Where is the laboratory in relation to the children?
- Are the parents smoking methamphetamine in the home?
- Is the product being brought into the home?
- Are chemicals accessible to the children?
- Have the children been injured by the chemicals? Is the reporter aware of the children being present during a “cook?”
- Is the reporter doubtful or certain of the presence of a methamphetamine laboratory?
- Are there any other allegations of abuse, neglect or dependency?

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**IV. Initiation**

Upon acceptance of a CPS report which includes a methamphetamine laboratory, the county child welfare agency must cooperate with the law enforcement agency or agencies in planning any initial contact. County child welfare workers should not respond to a suspected laboratory site without the presence of law enforcement, preferably a DEA certified officer. All methamphetamine laboratory reports require law enforcement assistance regardless of whether they are suspected or confirmed. When advance notice is possible, the county child welfare worker responding to the scene should attend the law enforcement briefing held prior to responding to the suspected or confirmed laboratory site.

Please be aware that one county child welfare worker may not be able to do everything that needs to be completed at the initial contact in a CPS Assessment regarding Drug Endangered Children. While one county child welfare worker may be assigned to the referral, it is highly recommended that a team be assigned to assist with the initial response. This is to ensure there are adequate child welfare staff available to interview the children and /or their caregivers, file juvenile petitions, request nonsecure custody orders if needed, assist with the possible decontamination and care of the children, get food for the children, etc.

North Carolina General Statutes mandate that all reports of suspected abuse be initiated immediately, but no less than 24 hours. All neglect reports shall be initiated within 72 hours. Initiation is defined as having face to face contact with all of the alleged victim child(ren). If county child welfare workers are not able to meet mandated time frames for initiation because of coordinating with law enforcement, that information must be documented in the record. Documentation shall reflect to whom the county child welfare worker spoke with from law enforcement and the reason for the delay in initiating the referral. Documentation shall reflect that the county child welfare worker spoke with the county child welfare supervisor regarding the delay in initiating the CPS Assessment.

The assigned county child welfare worker(s) shall meet or arrive with (not before) law enforcement at the suspected laboratory site. The county child welfare worker(s) shall identify themselves to all agencies that have responded to the scene. The local law enforcement agency is responsible for taking the lead at the laboratory site. At no time shall county child welfare agency staff enter a methamphetamine laboratory location during this process.

Law enforcement should be responsible for securing the area, gathering physical evidence, and removing the children if they are in the home at the time of the initial contact. The county child welfare worker shall obtain information concerning the general conditions of the home from law enforcement's photos and observations. Law enforcement should be responsible for documenting what chemicals were found in the home. Please refer to the Drug Endangered Children Protocol: Exposure Record (DSS-5259) for suggested documentation of these chemicals. At this point, the information obtained from law enforcement and others at the scene shall be used to complete the Safety Assessment with the parents/caretakers.

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If a local mental health and/or substance abuse services provider responds to the scene, he or she should be responsible for assessing the children's current state of mind and assessing for substance abuse regarding the parents/caretakers. The county child welfare worker should coordinate with the local mental health / substance abuse services provider to obtain the results of the assessments. This information should also be included in the Structured Decision Making Tools.

**A. Children in the Presence of a Methamphetamine Laboratory at the Time of First Contact**

If there is a confirmed laboratory with children present, the children may need to go through a decontamination process facilitated by law enforcement, EMS, or other public health agency staff, as assessed by the on-scene responders. Please refer to the Protocol for Field Assessment to Determine Need For On-Scene Decontamination Prior To Transport (DSS-5258) for a suggested documentation of the need to decontaminate. As a first responder team member, EMS should be available to evaluate the children's immediate medical needs and transport the children to the hospital for emergency medical treatment.

The county child welfare worker(s) shall assume the primary role with respect to any children at the scene once law enforcement has removed them from the presence of the methamphetamine laboratory. The county child welfare worker(s) shall remain with the children through the completion of the medical assessment until all children are in a safe home. A safe home may include that of a parent that was not involved with the methamphetamine laboratory, a Temporary Safety Provider, kinship care placement, or a licensed placement.

Facilitating an immediate medical assessment may include gathering the children's medical history, and transporting the children and the parent (not involved in the methamphetamine production), the Temporary Safety Provider, kinship care placement, or placement provider to the primary physician's office, health department, or hospital, if ambulance transportation is not required. The county child welfare worker should gather health and medical information for the child beginning at the initial contact. If the child(ren) need to enter nonsecure custody this information should be used to complete the Child Health Status Component (DSS-5243). County child welfare staff should be aware that this examination may take several hours and the children may need to be fed. Therefore, the county child welfare worker should arrive at the scene prepared with baby formula, snacks, money for food and/or vending machines, etc. based on the age of the children involved. Pampers, baby wipes, etc. may also need to be readily available for use by the county child welfare worker.

The children shall be assessed by a physician for any immediate health or safety concerns. The physician shall screen the children for drug and chemical exposure to receive any necessary treatment and gather evidence. This screening may include, but is not limited to, obtaining a urine sample within 2 hours but no later than 4 hours; taking the children's vital signs; liver and kidney functioning tests; baseline electrolytes; CBC; pediatric physical exam; etc. Any test run for forensic purposes must follow the chain



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of evidence procedures required by law enforcement. When requesting laboratory results regarding the levels of methamphetamine in children, the county child welfare worker should remind laboratory staff that any evidence of methamphetamine (even trace amounts) should be reported. Industrial levels should not be used in evaluating children's exposure to methamphetamine. Please refer to the Drug Endangered Children Protocol: Initial Medical Assessment (DSS-5256) for the form to be completed by the physician during the medical assessment.

Be aware that if the county child welfare agency does not hold custody, the county child welfare worker cannot give permission or sign for medical treatment for the children. If a parent/caretaker is not available to give consent for the required medical evaluation, then the parent must give the Temporary Safety Provider consent to sign for medical treatment. This consent for medical treatment and evaluation can be added to the Safety Assessment with the parents/caretakers' signatures.

NCGS § 90-21.1 gives physicians the authority to treat minors without the parent's permission in certain situations. If the parents/caretakers refuse to give the Temporary Safety Provider consent, the county child welfare agency may file a petition to ask the court's permission for medical treatment or file a juvenile petition requesting a nonsecure custody order for the child. If necessary, the county child welfare agency staff may assume temporary custody of the children under NCGS § 7B-500 and NCGS § 7B-501. If legal custody is assumed, the county child welfare worker(s) shall complete all necessary legal paperwork and file the juvenile petition requesting nonsecure custody as needed (for additional information on this process, please refer to Family Services Manual Volume I: Chapter X – The Juvenile Court and Child Welfare).

When the children are removed from the laboratory site, none of their belongings may be removed from the home and taken with them to their new setting. The only exception to this can be any necessary medication or medical equipment that can be decontaminated by wiping off with soap and hot water. The county child welfare agency may consider having items such as bottles, blankets, teddy bears, pacifiers, diapers, snacks, juices, formula, children's books, toys, toothbrushes, hairbrushes, pajamas, and other necessary clothing in all sizes, etc. available to replace some of the children's belongings. The county child welfare agency may also consider having shoe protectors, latex gloves, and disposable wipes available for the county child welfare workers' safety.

If media arrives at the scene, county child welfare agency staff should be mindful of the children and their exposure to the cameras and reporters. If possible, the children should be protected from media exposure.

The county child welfare worker(s) shall also be responsible for initiating a CPS Assessment according to policy outlined in Family Services Manual Volume 1; Chapter VIII: Section 1408 – Investigative and Family Assessments, and locating safe housing for the children. Locating safe housing may include completing a North Carolina Safety Assessment (DSS-5231) with the parents at the scene of the laboratory or in the jail and an Initial Provider Assessment (DSS-5203) on the home of a Temporary Safety Provider. The agency may also assume legal custody and place the children in a licensed placement

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or with a kinship care provider after the completion of an Initial Provider Assessment (DSS-5203).

If children are found at a property that has been used for the production of methamphetamines, the children must not be permitted to remain at, or return to that property, prior to its decontamination. NCGS § 130A-284, effective January 1, 2005, states:

“For the protection of the public health, the Commission shall adopt rules establishing decontamination standards to ensure that certain property is reasonably safe for habitation. An owner, lessee, operator or other person in control of a residence or place of business or any structure appurtenant to a residence or place of business, and who has knowledge that the property has been used for the manufacture of methamphetamine, shall comply with these rules. The contaminated property shall not be occupied prior to decontamination of the property in accordance with these rules.”

County child welfare agency staff shall provide the person assuming care of the children with a description of what the child has been exposed to, any medical treatment the child has received, any follow up appointments the child has, instructions for avoiding contamination; observing the child for symptoms that require medical care, and the name and number of whom to call if the he or she has concerns. Refer to the Drug Endangered Children Protocol: Placement Guidelines (DSS-5257) for additional information and for a form that provides the placement provider with all necessary information.

If there is not a confirmed laboratory on the property, the county child welfare worker(s) shall continue with the CPS Assessment based on any other allegations of abuse, neglect, and/or dependency that may have been alleged in the referral as outlined in Family Services Manual Volume 1: Chapter VIII: Section 1408 – Investigative and Family Assessments.

**B. Children NOT Found in the Presence of a Methamphetamine Laboratory at the Time of First Contact**

If the children are not in the home at the time of the initial contact, the county child welfare worker(s) will locate them and assess their health, safety, and well-being. The children may not need to be decontaminated if they have been out of the home for 72 hours, but they will need to be examined by their physician. If the children are at school, the risk is minimal that they may have contaminated other children or school personnel because most of the chemicals dissipate in the air once the child is out of the area where the laboratory is located

**V. Ongoing CPS Assessment**

The county child welfare agency shall work in close partnership with local law enforcement and the local district attorney's office to make a decision regarding any criminal charges filed. The county child welfare agency shall assist with this process by sharing any pertinent information and testifying in court, if necessary.



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Within 48 hours of the children staying with a Temporary Safety Provider, a kinship care provider, or a licensed foster care provider, the county child welfare worker(s) shall make contact with the children and caregiver to determine how the children are doing, if there are any medical follow-up needs, if a referral to Children's Developmental Services Agency (CDSA) for an early intervention evaluation, or if a referral to the Local Management Entity (LME) for a mental health assessment is needed. This timeframe is necessary because of assuring any medical needs are met and because at this time the effects of long-term exposure to methamphetamine are unknown. Any necessary evaluations shall be scheduled as quickly as possible to ascertain and obtain the appropriate services needed for the children.

The county child welfare worker(s) shall coordinate a joint interview of the children with law enforcement at a child friendly site within 48 hours, if not completed at the initial contact. At the initial contact, the children's medical evaluation and needs take priority. This timeframe is necessary to assure that the children are interviewed quickly and to gather as much information as is needed to make an informed decision regarding abuse, neglect, and/or dependency.

The county child welfare worker(s) shall ensure that any necessary follow up medical care is received and may refer the children for a Child Medical Evaluation (CME) for a more thorough forensic examination. A developmental screening shall take place at this examination. If the initial urine screen was negative for methamphetamine, the county child welfare agency may consider having a hair sample taken to determine any levels of methamphetamine the child(ren) may have. This examination shall be scheduled within 30 days of the initial evaluation, although the actual examination may take place later than 30 days.

The county child welfare worker(s) shall continue with the protocol for completing a CPS Assessment as outlined in Family Services Manual Volume 1: Chapter VIII: Section 1408 – Investigative and Family Assessments.

## **VI. Case Decision**

The county child welfare worker(s) shall complete the North Carolina Structured Decision Making Tools to assist in making the case decision as outlined in Family Services Manual Volume 1: Chapter VIII: Section 1408 – Investigative and Family Assessments and staff the case with the supervisor/team once the CPS Assessment is complete. All allegations, whether contained in the original report or uncovered during the course of the CPS Assessment, shall be documented in the case record. All information gathered during the fact-finding process shall be incorporated into one case decision and one Child Protective Services Report to Central Registry (DSS-5104).

## **VII. Social Worker Safety**

Seventy-five percent of methamphetamine laboratories that have been discovered in North Carolina have been "stumbled upon." These laboratories are most dangerous when in operation. County child welfare staff are strongly advised, if they enter a home for any reason and discover strong indications of a methamphetamine laboratory, to leave immediately and report to his or her supervisor and local law enforcement agency.

County child welfare staff should not confront the parent/caretaker about the suspicions. If a methamphetamine laboratory is discovered, the county child welfare worker will return with appropriate law enforcement officers to address the allegations of the methamphetamine laboratory with the parents/caretakers. It is also important to understand that a "cook" that is interrupted is extremely dangerous and volatile. The process needs to be completed in order to avoid an explosion or fire. The county child welfare worker should never use sense of touch or smell to try to identify chemicals or unknown substances.

If after being in the home or laboratory site, the county child welfare worker begins to have headaches, burning eyes, difficulty breathing, etc. medical attention should be sought immediately. The county child welfare worker may also have been exposed to chemicals or toxins that could contaminate others. This contamination may not be obvious, so some precautions are necessary. They should place any clothes worn at the lab site into a plastic bag until they can be washed. The clothes should be washed separately on the hottest setting and rewashed a second time. The clothes should be allowed to air dry outside the home--not in the dryer. The washer should be run once empty to clean it thoroughly. Shoes should be washed with the clothes if possible or wiped clean with soap and hot water. The county child welfare worker should bathe in very warm, but not hot water and use lots of soap. They should wash completely including hair, face, between toes and other hard to reach places. The tub should be drained and the county child welfare worker should take a second bath to remove any residual chemical. The tub should be drained and cleaned thoroughly afterwards.

## **VIII. Placement Provider Preparation and Safety**

It is imperative that providers are given as much information concerning the child's exposure, any medical treatment the child(ren) has received and any follow up appointments the child(ren) will need to attend. If the child is in the legal custody of the county child welfare agency, the county child welfare worker will need to provide the kinship care placement or foster parent with the Child Health Status Component (DSS-5243) at the time of placement. The provider also needs to be provided information about decontamination for reassurance regarding the risk of contamination and what symptoms to look for in the child.

Some contamination may not be obvious, and some precautions may be necessary. If necessary, the providers should follow the same decontamination procedures as those listed above for county child welfare workers. The county child welfare worker and licensing worker should reassure the placement provider that the risk of exposure is minimal since the child either has been decontaminated or has been assessed to not

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need decontamination.

Because some effects of chemical exposure can develop slowly, the provider should seek immediate medical attention if he or she notices a child who has been exposed to methamphetamine production experiencing:

- Headache
- Drowsiness
- Unusual movements like tremors, shaking, jumpiness, agitation or seizures
- Difficulty breathing, wheezing, coughing or poor color
- Fever
- Hallucinations or mental confusions
- Any other unusual symptom that seems severe

It is also likely that the circumstances of the discovery of the illegal methamphetamine laboratory and removal have been traumatic for the child. In addition, the child(ren) may have been subjected to neglect, physical abuse, or sexual abuse, in addition to being exposed to methamphetamine use/production. It is important for the provider to ensure that the child has a warm, stable environment and to understand the emotional reactions that may follow.

**IX. Developing Local Multidisciplinary Protocol for Responding to Methamphetamine Laboratories**

**A. Suggested Members**

- County Child Welfare Agencies
- Local Fire Departments / Fire Marshal / Emergency Management
- Emergency Medical Services (EMS)
- Foster Parents / Foster Parent Association
- Child Medical / Mental Health Evaluation Program
- Guardian ad Litem (GAL)
- School System
- Child Advocates
- Early Intervention
- County Manager / Commissioners
- Local Health Department Staff
- Others
- Law Enforcement
- Environmental Health / Physicians / Nurses / Hospital Staff
- District Attorney's Office
- District Court Judges
- Local Management Entity Staff / Mental Health and Substance Abuse Providers
- Media
- Juvenile Court Counselors
- Housing and Urban Development (HUD)
- Domestic Violence Shelters
- County / DSS Attorney
- Children's Developmental Services Agency (CDSA)

## B. Collaboration

Collaboration is an open and shared decision-making process. Those who collaborate draw upon the strengths, abilities, and resources of each member of the group. The county child welfare agencies have legal responsibility for assessing all allegations of child maltreatment. With the numerous dangers that methamphetamine production poses to children found in laboratories and the dangers involved for the professionals responding to these sites, it is imperative that county child welfare agencies work very closely with law enforcement and other service providers to ensure the safety of the children and themselves.

## C. Protocol Review

After each episode of a methamphetamine laboratory discovery, the local DEC group should meet no later than 30 days to debrief, review, learn from each event, and adjust the protocol as needed. The following forms are suggested to obtain feedback from everyone involved in the protocol:

- Drug Endangered Children Protocol Feedback Form: Law Enforcement (DSS-5260),
- Drug Endangered Children Protocol Feedback Form: Social Worker (DSS-5261),
- Drug Endangered Children Protocol Feedback Form: Health Care Provider (DSS-5262),
- Drug Endangered Children Protocol Feedback Form: Foster Care Provider (DSS-5263).

The protocol should be a living, breathing document and continue to change and improve over time.

## X. Suggested Training and other References

Training Offered by the North Carolina State Bureau of Investigation includes *Drug Endangered Children* presented by the Clandestine Laboratory Unit Coordinator. Contact the State Bureau of Investigation at (704) 948-3660 for training information.

Training offered by the Division of Social Services includes *Legal Aspects of Child Welfare in North Carolina* which is mandatory for all child welfare staff (including supervisors) employed in a county child welfare agency within the first year of employment. Therefore, it is recommended for employees with less than one year of child welfare experience. The prerequisite for this training is *Child Welfare in North Carolina* (or completion of other required pre-service training required based upon date of employment and functional responsibilities).

*Medical Aspects of Child Abuse and Neglect for Non-Medical Professionals* is mandatory for all child welfare staff (including supervisors) employed in a county child welfare agency within the first year of employment. Therefore, it is recommended for employees with less than one year of child welfare experience. The prerequisite for this training is *Child Welfare in North Carolina* (or completion of other required pre-service training required based upon date of employment and functional responsibilities).

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*CPS Assessments in Child Welfare Services* is a course that is mandatory for county child welfare workers employed in a county child welfare agency who will be performing CPS Assessment functions within the first year of assuming those responsibilities. Training topics include: CPS Assessment policy found in Family Services Manual: Chapter VIII: Section 1408 – Investigative and Family Assessments, how to have a conversation for change using strengths-based and solution-focused interviewing skills with parents, children, and collaterals, recommended formats for initial and follow-up home visits, structured decision-making tools, frontloading services, switching tracks, cultural competency, and case documentation. *CPS Assessments in Child Welfare Services* provides in-depth, skill-based training for new workers and offers a variety of tools for more experienced workers.

*Introduction to Substance Abuse for Child Welfare Services* is a specialized curriculum recommended for Child Welfare and Work First staff employed at a county child welfare agency who work with children and families affected by alcohol and other drug abuse. This course is also open to any other worker who works with families in a county child welfare agency and individuals or agencies contracting with a county child welfare agency to provide child welfare services. This training has no prerequisite and is a two-day curriculum that will cover basic information on substance abuse and dependence, its impact on children, appropriate treatments, and effective child welfare intervention strategies. Family and Children's Resource Program, part of The Jordan Institute for Families at the UNC-Chapel Hill School of Social Work developed this curriculum.

*Drug Endangered Children: Advanced Substance Abuse Practice* is recommended for Child Welfare and Work First workers and supervisors in a county child welfare agency. It is also open to any other worker who works with families in a county child welfare agency, and individuals or agencies contracting with a county child welfare agency to provide child welfare services. Best practices from the child welfare field on effective ways to intervene with families and for the safety of children and workers are covered. *Drug-Endangered Children: Advanced Substance Abuse Practice* was developed by Family and Children's Resource Program, part of Jordan Institute for Families at UNC-CH School of Social Work. The prerequisite for this course is *Introduction to Substance Abuse for Child Welfare Services* AND one of the two following courses: *Methamphetamine: What a Social Worker Needs to Know* OR *Responding to Families and Communities Impacted by Methamphetamine*.

*Methamphetamine: What a Social Worker Needs to Know* is recommended for all child welfare staff and Work First staff employed in a county child welfare agency. It is recommended for employees prior to working with families involved with methamphetamines. This course is also open to any other worker who works with families in a county child welfare agency, and individuals or agencies involved in the response to methamphetamine laboratories or agencies contracting with a county child welfare agency to provide child welfare services. This training is a self-paced online course designed to familiarize the participant with the signs of methamphetamine use and production and the hazards posed to communities, families, and children. The information in this on-line course is divided into four modules (an Orientation Module, and three Learning Modules). Participants will have about 4-6 hours of online work to be completed at their own pace focusing on the history of methamphetamine and its impact

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on the human body. Videos within the Learning Modules will illustrate how methamphetamine is a danger not only to the user but also to others especially during its production and distribution. Participants will also learn the impact methamphetamine production has on communities, how to identify laboratories and manufacturing equipment, and the policies North Carolina has adopted to ensure the safety of both families involved with methamphetamine, as well as the workers who encounter these laboratories in the process of protecting children. *Methamphetamine: What a Social Worker Needs to Know* was developed by Family and Children's Resource Program, part of Jordan Institute for Families at UNC-CH School of Social Work.

**On-Line References**

<https://www.nij.gov/Pages/welcome.aspx>

<http://www.samhsa.gov/>

<http://www.nida.nih.gov/>

<http://www.matrixinstitute.org>

[North Carolina General Assembly 2003 Session Senate Bill 1054](#)

[North Carolina General Assembly 2003 Session House Bill 1536](#)

[North Carolina General Assembly 2003 House Bill 1510](#)